

Attachment 1

Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce Healthcare Workforce Survey

Healthcare Workforce Survey and Comparison Group Survey

Key for Review:

Red text: Programming Text

Green text: Text that will be used to tailor questions to student respondents.

* Items that will be included on the comparison group survey

** Items that will be included on the comparison group screener

HCW = Healthcare Worker



Healthcare Workforce Survey

INTROHCWF (Introduction for Program Participants) (Programming Screen 1)

You have been identified by [ORGANIZATION] as someone who was offered activities and trainings to improve resiliency and reduce burnout. To offer these programs, [ORGANIZATION] has been utilizing funding from the Health Resources and Services Administration (HRSA), which is part of the U. S. Department of Health and Human Services (HHS).

These HRSA funded programs offered by [ORGANIZATION] may have been available to you as opportunities to improve resiliency and reduce burnout in the healthcare workforce. [ORGANIZATION] and HRSA are very interested in hearing about participants' experiences with these programs and are collaborating with NORC to collect these anonymous survey responses. Responses gathered from this survey will be reported on a collective level only and individual responses will not be shared. NORC is a non-profit and non-partisan research organization.

If you have any questions or concerns about this survey and want to speak to a member of the NORC team, please visit [PROJECT PAGE] or call [NUMBER]. Thank you again for your time; your participation will help improve future funding and projects to support healthcare workers, such as you and your colleagues, across the United States.

INTROC (Introduction for Comparison Group) (Programming Screen 1)

This survey data is being collected as part of a contract for the Health Resources and Services Administration (HRSA), which is part of the U.S. Department of Health and Human Services (HHS). Responses gathered from this survey will be reported on a collective level only and individual responses will not be shared. NORC is a non-profit and non-partisan research organization. If you have any questions or concerns about this survey and want to speak to a member of the NORC team, please visit [PROJECT PAGE] or call [NUMBER]. Thank you again for your time; your participation will help improve

future funding and projects to support healthcare workers, such as you and your colleagues, across the United States.

CONSENTHCWF (Consent for Program Participants) (Programming Screen 2)

The survey will take approximately 10-15 minutes to complete. None of your personal information (e.g., name, email address) will be collected by [ORGANIZATION], HRSA, or NORC at the University of Chicago (NORC) through this survey. Your responses will be anonymous— [ORGANIZATION], HRSA, and NORC will never be able to connect your responses to you.

You will need to **complete the survey all at one time (you will not be able to stop and finish the survey at a later time)**. The survey will ask questions about your experiences with activities and resources aimed at improving resiliency and reducing burnout in the healthcare workforce, how your experiences in the workplace have recently changed, and what is most helpful in supporting you at work. Questions also ask about your burnout, resiliency, and wellness.

Your participation in this survey is completely voluntary. You may skip any questions you do not wish to answer, and you can stop at any time. If you have questions about the survey and wish to speak to a member of the NORC team, please call [NUMBER]. If you have questions about your rights as a survey participant, please call the NORC Institutional Review Board Manager toll-free at 1-866-309-0542.

By selecting the NEXT button and continuing with the survey, you are indicating that you consent to participate in the survey.

CONSENTC (Consent for Comparison Group) (Programming Screen 2)

The survey will take approximately 10-15 minutes to complete. None of your personal information (e.g., name, email address) will be collected by HRSA or NORC at the University of Chicago (NORC) through this survey. Your responses will be anonymous—HRSA and NORC will never be able to connect your responses to you.

You will need to **complete the survey all at one time (you will not be able to stop and finish the survey at a later time)**. The survey will ask questions about your experiences with activities and resources aimed at improving resiliency and reducing burnout in the healthcare workforce, how your experiences in the workplace have recently changed, and what is most helpful in supporting you at work. Questions also ask about your burnout, resiliency, and wellness.

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By selecting the NEXT button and continuing with the survey, you are indicating that you consent to participate in the survey.

PUBLIC BURDEN STATEMENT FOR PROGRAM PARTICIPANTS AND COMPARISON GROUP (PROGRAMMING, SMALLER TEXT ON SCREEN 1)

Public Burden Statement: The purpose of this information collection is to evaluate federal programs designed to support the mental health and resiliency of the healthcare and public safety workforce. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB Control Number for this information collection is 0915-XXXX and is valid until MM/DD/20XX. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

INSTRUCT (Instructions for Program Participants and Comparison Group) (Programming Screen 3)

As you answer these questions, we are most interested in your experiences or best estimates. If you don't know the answer or remember something exactly, your best guess is fine.

As you move through the survey, please do not use your browser back-forward buttons as it may cause you to lose submitted answers and change your location in the survey. Instead, please use the back-forward buttons on the survey page itself.

To exit the survey at any time, use the ["Quit"] button at the top of each screen. Please note, you will not be able to return to the survey if you exit before completing it in one sitting.

START SURVEY

For a list of frequently asked questions (FAQs) about the survey please click here: <http://surveyfaqs.norc.org>.

If you have questions about the survey, please email the NORC survey support team at [\[helpdeskemail@norc.org\]](mailto:helpdeskemail@norc.org) or call [\[8XX-XXX-XXXX\]](tel:8XX-XXX-XXXX).

Section A. Priority Respondent Characteristics

[INTRO TEXT] We would like to begin with a few questions about your current job or educational program.

1. **Are you currently enrolled as a student either full or part-time, excluding residency programs?
[Note: if you are a resident, please indicate "No"]

- ☐ Yes
☐ No

[If student]

2. *What type of program are you enrolled in?

- ☐ Training, Certificate, or Licensure Program (e.g., LPN, technician, EMT)
☐ Undergraduate (including pre-med and post-bac-pre-med)
☐ Master's level (e.g., MA, MSW, MSN, NP, PA)
☐ PhD/PsyD
☐ MD/DO
☐ Other, (please specify): _____

[If student]

3. *Please indicate the profession you are training for: [Single select.]

- ☐ Administrator
☐ Advance Practice Registered Nurse (nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)
☐ Community Health Worker
☐ Dentist
☐ Emergency Responder
☐ Environmental Support (e.g., custodial, medical equipment)
☐ MD/DO Physician
☐ Nurse (registered nurses, licensed practical nurses)
☐ Occupational Therapist
☐ Peer Support
☐ Pharmacist
☐ Physician Assistant
☐ Professional Counselor
☐ Psychologist
☐ Physical Therapist
☐ Public Safety
☐ Social Worker
☐ Speech-Language Therapist

- ☐ Technician/Assistant (e.g., nursing assistant, medical assistant, pharmacy technician, dental assistant, phlebotomist)
- ☐ Other Medical Profession, (please specify) _____
- ☐ Other Non-Medical Profession, (please specify) _____

[If HCW]

4. **Please select the profession type that best matches your job. If you have more than one job or role, please select the title or role officially on record with your human resources department at which you work the most hours.

- ☐ Administrator
- ☐ Advance Practice Registered Nurse (nurse practitioner, clinical nurse specialist, nurse anesthetist, and nurse midwife)
- ☐ Community Health Worker
- ☐ Dentist
- ☐ Emergency Responder
- ☐ Environmental Support (e.g., custodial, medical equipment)
- ☐ Nurse (registered nurse, licensed practical nurse)
- ☐ Occupational Therapist
- ☐ Peer Support
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physician
- ☐ Physician Assistant
- ☐ Professional Counselor
- ☐ Psychologist
- ☐ Public Safety
- ☐ Resident (Medical or Other)
- ☐ Social Work
- ☐ Speech-Language Therapist
- ☐ Technician/Assistant (e.g., nursing assistant, medical assistant, pharmacy technician, dental assistant; phlebotomist)
- ☐ Other Medical Staff, (please specify) _____
- ☐ Other Non-Medical Staff, (please specify) _____

[If HCW]

5. *Which of the following best describes where you currently work?

If you work at multiple locations for your job reported in the previous question, please choose the locations where you frequently work for this job. You may choose more than one location.

Select all that apply.

- ☐ Academic institution
- ☐ Acute Care for the Elderly (ACE) Units
- ☐ Acute Care services
- ☐ Aerospace operations setting
- ☐ Ambulatory practice sites

- ☐ Assisted Living Community
- ☐ Certified Community Behavioral Health Center (CCBHC)
- ☐ Community Care Programs for Elderly Mentally Challenged Individuals
- ☐ Community-based Organization
- ☐ Critical Access Hospital
- ☐ Day and Home Care Programs (e.g., Home Health)
- ☐ Dentist Office
- ☐ Emergency Room
- ☐ Federal/State Bureau of Prisons
- ☐ Geriatric Ambulatory Care and Comprehensive Units
- ☐ Geriatric Behavioral or Mental Health Units
- ☐ Geriatric Consultation Services
- ☐ Federal Government - Other
- ☐ Federally Qualified Health Center or look-alike
- ☐ Hospice
- ☐ Hospital
- ☐ Independent Living Facility
- ☐ Indian Health Service (IHS) Site
- ☐ International Nonprofit/Nongovernmental Organization
- ☐ Local Government Office or Agency
- ☐ Local Health Department
- ☐ Long-Term Care Facility
- ☐ Mobile Clinic/Site
- ☐ National Health Association or Affiliate
- ☐ Nurse Managed Health Clinics
- ☐ Nursing Home
- ☐ Other Community Health Center (e.g., free clinic)
- ☐ Other Oral Health Facility
- ☐ Physician Office
- ☐ Program of All Inclusive Care for the Elderly
- ☐ Public Safety Facility (e.g., Fire Department, Police Department, etc.)
- ☐ Residential Living Facility
- ☐ Rural Health Clinic
- ☐ School-based Clinic
- ☐ Senior Centers
- ☐ Specialty Clinics (e.g., mental health practice/rehabilitation/substance abuse clinic)
- ☐ State Government Office or Agency
- ☐ State Health Department
- ☐ Tribal Health Department
- ☐ Tribal Organization
- ☐ Veterans Affairs Hospital or Clinic
- ☐ Other, (please specify)

[If HCW]

6. *Do you work at an inpatient/residential facility or an outpatient facility?

- ☐ Inpatient
- ☐ Outpatient
- ☐ Somewhere else (please specify: _____)

[If student]

7. *In which of the following settings have you ever been a student or completed clinical work as part of **your <autopopulate #3 answer> program** (including residencies)?

Select all that apply.

- ☐ Academic institution
- ☐ Acute Care for the Elderly (ACE) Units
- ☐ Acute Care services
- ☐ Aerospace operations setting
- ☐ Ambulatory practice sites
- ☐ Assisted Living Community
- ☐ Certified Community Behavioral Health Center (CCBHC)
- ☐ Community Care Programs for Elderly Mentally Challenged Individuals
- ☐ Community-based Organization
- ☐ Critical Access Hospital
- ☐ Day and Home Care Programs (e.g., Home Health)
- ☐ Dentist Office
- ☐ Emergency Room
- ☐ Federal/State Bureau of Prisons
- ☐ Geriatric Ambulatory Care and Comprehensive Units
- ☐ Geriatric Behavioral or Mental Health Units
- ☐ Geriatric Consultation Services
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- ☐ Hospital
- ☐ Independent Living Facility
- ☐ Indian Health Service (IHS) Site
- ☐ International Nonprofit/Nongovernmental Organization
- ☐ Local Government Office or Agency
- ☐ Local Health Department
- ☐ Long-Term Care Facility
- ☐ Mobile Clinic/Site
- ☐ National Health Association or Affiliate
- ☐ Nurse Managed Health Clinics
- ☐ Nursing Home
- ☐ Other Community Health Center (e.g., free clinic)
- ☐ Other Oral Health Facility
- ☐ Physician Office
- ☐ Program of All Inclusive Care for the Elderly
- ☐ Public Safety Facility (e.g., Fire Department, Police Department, etc.)

- ☐ Residential Living Facility
- ☐ Rural Health Clinic
- ☐ School-based Clinic
- ☐ Senior Centers
- ☐ Specialty Clinics (e.g., mental health practice/rehabilitation/substance abuse clinic)
- ☐ State Government Office or Agency
- ☐ State Health Department
- ☐ Tribal Health Department
- ☐ Tribal Organization
- ☐ Veterans Affairs Hospital or Clinic
- ☐ Other, (please specify)

8. **Please provide the ZIP code for the primary location in which you [currently work (for the job you previously reported)]/are enrolled in your <autopopulate #3 answer> program].

If you [work/study] at multiple locations for this [job/program], please enter the zip code for the location at which you [work/study] the most hours.

_____ [PROGRAMMING LIMIT TO 5 DIGITS] [If 0-4 digits entered, display "Please enter a five-digit zip code." Then regardless, allow to proceed.]

- ☐ Don't know

[If don't know]

9. **Please provide the city or county and state for the primary location where you [currently work (for the job you previously reported)]/are enrolled in your <autopopulate #3 answer> program]

[INTRO TEXT] Now we'll ask a few background questions.

10. *What is your age? ____ [PROGRAMMING LIMIT TO 2 DIGITS] [Valid age range 18-99. Prompt respondent to re-enter age again. Then regardless, allow to proceed.]

- ☐ Prefer not to answer

11. *Are you:

Select all that apply.

- ☐ Female
- ☐ Male
- ☐ Transgender, non-binary, or another gender
- ☐ Prefer not to answer

12. *Are you Hispanic or Latino/a? *Select one.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

13. *What is your race? *Select all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other, (please specify): _____
- ☐ Prefer not to answer

Section B. Training and Services Experiences

[INTRO TEXT] Now we would like to learn more about the activities, trainings, and initiatives that you may have participated in.

As a reminder, your answers are anonymous and no one will be able to link them to you.

14. Are you aware of any of the following?

<Note: Lists of activities/services/resources will be developed for each awardee and confirmed w/ awardee on the Awardee Training and Services Report> [Grid with Y/N/DK radio buttons next to each]

- ☐ [training activity 1]
- ☐ [training activity 2]
- ☐ [service/resource/initiative 1]
- ☐ [service/resource/initiative 2]
- ☐ [add additional trainings and services/resources/initiations as needed]

[If respondent does not recognize any activities/services/resources (i.e., if no YES responses), skip to Q18]

[For training activities respondents indicated being aware of in Q14....]

15. Did you participate in the any of the following?

[PIPE FROM Q14] [Forced choice grid with Y/N/DK radio buttons next to each]

- ☐ [training activity 1]
- ☐ [training activity 2]
- ☐ [add additional trainings as needed]

[list all trainings indicated in Q15].

16. Were you trained to be a trainer for any of the following?

	Yes	No
[training activity 1]		
[training activity 2]		

[add as many trainings as indicated by survey participant]		

[For service/resource/initiative respondents indicated being aware of in Q14....]

17. Did you utilize the following?

[PIPE FROM Q14] [Grid with Y/N/DK radio buttons next to each]

- ☐ [service/resource/initiative 1]
- ☐ [service/resource/initiative 2]
- ☐ [add additional service/resource/initiative as needed]

[If they were aware of activities but didn't participate/utilize]

18. What were the main reasons you did not participate in the activities and utilize resources?

Select all that apply.

- ☐ [My employer/My <autopopulate #3 answer> program] does not offer coverage/time to do activities while 'on the clock'
- ☐ I am too busy
- ☐ The activities/services/resources do not interest me
- ☐ We have enough required trainings, so I don't want to do optional ones
- ☐ The trainings/activities did not focus on things that I find helpful
- ☐ I am concerned about what others might think about using these trainings/services/resources
- ☐ I am concerned that management/leadership will not see it as productive
- ☐ Other, (please specify) _____

[INTRO TEXT] You indicated participating in or utilizing the following:

[list all trainings/activities/services/initiatives indicated in Q15 and Q17].

The next set of questions asks about how you feel **now** compared to how you felt **before** you participated in these trainings/activities/services/other initiatives.

19. *Thinking about how you feel now, compared to before you participated in these trainings/activities/services/other initiatives, how would you rate each of the following?

[For the comparison group and those who indicated that they were not aware of/did not participate in activities, this question will be worded, "Thinking about how you feel now, compared to a year ago, how would you rate each of the following?"]

	Much better now	A little better now	About the same now	A little worse now	Much worse now
My feelings of burnout* at work are....					
My resiliency** is....					

	Much better now	A little better now	About the same now	A little worse now	Much worse now
My ability to manage my work-related stress is....					
The flexibility I have at work is....					
My workload is...					
My organization's efforts to address staff burnout are....					
The stigma about mental health at work is....					
The resources my workplace provides to manage my mental health, stress and burnout are....					
My organization's culture with regards to workplace well-being and burnout is...					
My feelings of burnout* in my <autopopulate #3 answer> program are...					
My resiliency* is....					
My ability to manage my school-related stress is....					

**Please use this definition of burnout when responding: "Burnout is a type of stress that can last a long time. It makes you feel like you stopped caring about your patients and can cause you to be really tired and feel like you are not doing a good job. It can also make it hard for you to understand how your patients feel."*

***Please use this definition of resilience when responding: "Resilience is the ability to bounce back from stressful situations, endure hardships, and repair your own well-being, while creating a positive adaptation in the face of disruptive changes."*

[Comparison group and those who were not aware of or did not participate in activities: skip to Section C]

20. [If the participant indicated "much better now" or "a little better now" for at least one item above.]

You said [insert first item from Q19] better now than before participating in these trainings/activities/services/other initiatives. How much of this improvement is because of your participation in [insert trainings/activities/services/other initiatives from Q15 and Q17]?

- ☐ Most of the improvement is because of this participation
- ☐ Some of the improvement is because of this participation
- ☐ Little or none of the improvement is because of this participation
- ☐ Don't Know

[Repeat Q20 for each response option that the participant indicated "much better now" or "a little better now" in on Q19.]

[INTRO TEXT] We now want to learn more about which specific activities were helpful to you.

21. Overall, please rate how helpful each of these activities, trainings, resources, or other initiatives were.

	Extremely Helpful	Very Helpful	Moderately Helpful	Slightly Helpful	Not at all Helpful	Don't Know
[training activity 1]						
[training activity 2]						
[service/resource 1]						
[service/resource 2]						

22. <PIPE FROM question above> Thinking about [Autopopulate activities from activities rated as slightly to extremely helpful in question above], how were they helpful to you?

Select all that apply.

- ☐ Provided useful strategies or resources to help me manage things like feeling burned out, dealing with stress
- ☐ Helped me manage [work/life balance/school/life balance]
- ☐ Increased my ability to bounce back from stressful situations
- ☐ Increased my ability to handle stress and challenges at [work/school]
- ☐ Connected me to mental health services or resources
- ☐ Helped me feel more in control over my [work/school] life (e.g., managing schedule, determining how the work gets done)
- ☐ Made me feel more supported by my [organization/<autopopulate #3 answer> program].
- ☐ Increased my sense of safety at [work/school] (e.g., by addressing and preventing workplace violence)
- ☐ None of the above
- ☐ Other, (please specify) _____

23. Thinking about [Autopopulate activities from question above rated as slightly to extremely helpful], do you feel that these activities helped change your [workplace/<autopopulate #3 answer> program] in any of the following ways? [Note: Students will only be shown "e.g." examples in green]

Select all that apply.

- ☐ Improved the [organization's/your <autopopulate #3 answer> program's] culture of wellness (e.g., promoting employee/student health, aligning policies with stated organizational mission, reducing stigma at work/school about mental health).
- ☐ Improved workloads (e.g., addressed insufficient staffing)
- ☐ Improved workflows (e.g., reduced excessive prior authorizations or redundant chart requirements)
- ☐ Improved teamwork and communication within [the organization/your <autopopulate #3 answer> program]
- ☐ Addressed discrimination or other inequities at [work/your <autopopulate #3 answer> program] (e.g., unfair pay)

- ☐ Provided an opportunity to give feedback to management and administration (e.g., provide feedback to program leadership)
- ☐ Made the [workplace/<autopopulate #3 answer> program] a safer place (e.g., addressing and preventing workplace violence, screening for substance use, identifying staff support and equipment needs, etc.) (e.g., addressing and preventing screening for substance use, identifying student support needs, etc.)
- ☐ None of the above
- ☐ Other, (please specify) _____

24. [Open ended] Is there anything more you would like to share about whether these programs were useful to you and your [colleagues/fellow students]? Where should program resources (time, funding, etc.) to improve resiliency and reduce burnout in the healthcare workforce focus in the future?

Section C. Assessing Current Intent to Leave, Burnout, Resiliency, and Work Environment

[INTRO TEXT] We'd like to better understand your feelings about the personal and professional areas of your life.

[If HCW]

25. *The following questions ask about your organization's commitment to staff mental health and well-being.

	Yes	No	Not Sure
Does your organization make it clear that mental health is a top priority?			
Does your organization lessen barriers to access mental health resources?			
Is your organization training your colleagues to understand signs of burnout and distress?			
Is your organization getting feedback from employees about mental health supports/burnout through trainings or surveys?			
Is your organization holding leaders and managers accountable to support employee mental health and resiliency?			

26. *Please select the response that best describes your feelings or experiences for each item.

[RADIO BUTTONS IN EACH BOX]

[Students will be asked: Please select the response that best describes your feelings and experiences training to be a <autopopulate #3 answer>. If the question asks about work or job, please answer the question about your experiences in your <autopopulate #3 answer> program as a whole, including rotations or clinical experiences]

	Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly	Not Applicable
Events in this work setting affect my life in an emotionally unhealthy way.						
I feel burned out from my work.						
I feel fatigued when I get up in the morning and have to face another day on the job.						
I feel frustrated by my job.						
I feel I am working too hard on my job.						

27a. *Which, if any, of the following factors related to your work demands have contributed to your feelings of burnout:

[For students: Which, if any, of the following factors related to work demands do you think you will experience and may make you feel burned out when you work as a <autopopulate #3 answer>?]

Select all that apply.

- ☐ Administrative work stress
- ☐ Concerns for physical health or safety at work
- ☐ Fear of making serious mistakes
- ☐ Feeling numb or tired from witnessing patient suffering (compassion fatigue)
- ☐ Increased clinical demands (e.g., patient load, electronic health record documentation)
- ☐ Lack of control over my work
- ☐ Lack of resources compared to other similar settings
- ☐ Not enough balance between work and personal life
- ☐ Professional impact of COVID-19
- ☐ Schedule is not flexible
- ☐ Stress of hearing about people's suffering and traumatic experiences
- ☐ Understaffed at work
- ☐ Unmanageable workload
- ☐ None of the above

27b. *Which, if any, of the following factors related to your colleagues and organizational support have contributed to your feelings of burnout:

[For students: Which, if any, of the following factors related to colleagues and organizational support do you think you will experience and may make you feel burned out when you work as a <autopopulate #3 answer>?]

Select all that apply.

- ☐ Colleagues don't trust each other
- ☐ Employees are not included in decision making at my organization
- ☐ Impacts of reimbursement models or other government and/or insurer policies on work
- ☐ Lack of manager or leadership support
- ☐ Lack of resources for mental health and wellness at work
- ☐ My opinions don't matter to the organization
- ☐ Not enough support from colleagues
- ☐ Organization does not prioritize diversity, equity, and inclusion
- ☐ Too much mental health stigma at work
- ☐ None of the above

27c. *Which, if any, of the following factors related to your position and career growth have contributed to your feelings of burnout:

[For students: Which, if any, of the following factors related to position and career growth do you think you will experience and may make you feel burned out when you work as a <autopopulate #3 answer>?]

Select all that apply.

- ☐ Lack of professional development
- ☐ Lack of role clarity
- ☐ My contributions are not valued enough
- ☐ Not enough financial compensation at work
- ☐ Unfair treatment/lack of equity at work (harassment and discrimination)
- ☐ Working outside of my scope/training
- ☐ None of the above

27d. *Which, if any, of the following factors related to your personal life have contributed to your feelings of burnout:

[For students: Which, if any, of the following factors related to your personal life do you think you will experience and may make you feel burned out when you work as a <autopopulate #3 answer>?]

Select all that apply.

- ☐ Chronic health problems (e.g., pain, fatigue, health conditions)
- ☐ Depression, anxiety, and/or substance use
- ☐ Family stressors (e.g., divorce, incarceration)
- ☐ Financial stress
- ☐ Feeling lonely
- ☐ Lack of suitable and affordable childcare

- ☐ Lack of time to take care of myself (e.g., to do things I enjoy)
- ☐ Legal stressors
- ☐ Personal impact of COVID-19
- ☐ Stress of caring for others (e.g., older adults, children)
- ☐ Uneven distribution of household responsibilities
- ☐ None of the above

27e. Please list any other factors that have contributed to your feelings of burnout:

[For students: Please list any other factors you think you will experience and may make you feel burned out when you work as a <autopopulate #3 answer>.]

28. *Please select the top three reasons you feel burned out.

[list all factors indicated in Question 27a-e above].

[If student]

29. *Do you plan to complete your <autopopulate #3 answer> program?

- ☐ Yes
- ☐ No
- ☐ Not sure

[If student AND "Yes" to question about completing their training program]

30. *Do you plan to work in your profession after completing your <autopopulate #3 answer> program?

- ☐ Yes
- ☐ No
- ☐ Not sure

[If student AND "Yes" to question about completing their training program]

31. *Do you plan to serve rural communities* after completing your <autopopulate #3 answer> program?

- ☐ Yes
- ☐ No
- ☐ Not sure

*By rural community, we mean a county with fewer than 50,000 people.

[If student AND "Yes" to question about completing their training program]

32. *Do you plan to serve non-rural medically underserved communities* after completing your <autopopulate #3 answer> program?

- ☐ Yes
- ☐ No
- ☐ Not sure

**Examples of medically underserved communities include individuals who face economic, cultural, or language barriers to healthcare. For example, people who are experiencing homelessness, people who are low-income, people who are eligible for Medicaid, Native Americans, or migrant farm workers.*

[If HCW]

33. *Have you been thinking about leaving your current job? (Remember, these responses are anonymous.)

- ☐ Yes
- ☐ No

[If HCW and "Yes" to question about thinking about leaving]

34. *When would you like to leave your current job?

- ☐ Less than 1 year from now
- ☐ 1-3 years from now
- ☐ More than 3 years from now
- ☐ Not sure

[If HCW and "Yes" to question about thinking about leaving]

35. *Do you plan to seek a new position within your current organization when you leave your job?

- ☐ Yes
- ☐ No
- ☐ Not sure

[If HCW and "Yes" to question about thinking about leaving]

36. *Do you plan to continue working in your current profession, [auto fill from profession question PROFHCW], when you leave your current job?

- ☐ Yes
- ☐ No
- ☐ Not sure

[If HCW and "Yes" to question about thinking about leaving]

37. *Do you plan to continue serving rural communities* when you leave your current job?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not serve rural communities.

**By rural community, we mean a county with fewer than 50,000 people.*

[If HCW and "Yes" to question about thinking about leaving]

38. *Do you plan to continue serving non-rural medically underserved communities* when you leave your current job?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not serve non-rural medically underserved communities.

**Examples of medically underserved communities include individuals who face economic, cultural, or language barriers to healthcare. For example, people who are experiencing homelessness, people who are low-income, people who are eligible for Medicaid, Native Americans, or migrant farm workers.*

39. *If you were to leave your job, which, if any, would be the main reason(s)?

- ☐ [Students will be asked: If you were to leave your <autopopulate #3 answer> program, which, if any, would be the main reason(s) you no longer want to be a <autopopulate #3 answer>]

Select all that apply.

- ☐ Desire to change fields
- ☐ Family responsibilities (e.g., caring for a child or an adult family member)
- ☐ Insufficient benefits (e.g., retirement contributions, health insurance)
- ☐ Lack of control over my work
- ☐ Lack of opportunities for advancement/promotion
- ☐ Lack of teamwork or workplace support
- ☐ Moving
- ☐ Not enough support of mental health and wellness
- ☐ Not feeling engaged at an appropriate level
- ☐ Not feeling valued or recognized for my contributions
- ☐ Not having caring and trusting teammates
- ☐ Organization does not prioritize diversity, equity, and inclusion
- ☐ Pay/salary not high enough
- ☐ Retiring
- ☐ Scheduling demands (e.g., no flexibility, time pressures)
- ☐ Seeking a new job in my current organization
- ☐ Serving a different patient population
- ☐ Stress
- ☐ Work overload/burnout
- ☐ Work-related mental health or substance use concerns
- ☐ Work-related physical health concerns
- ☐ Workplace safety concerns
- ☐ None of the above
- ☐ Other, (please specify) _____

40. *If you were to stay at your job, what would be the main reason(s)? [Students will be asked: If you plan to continue in your <autopopulate #3 answer> program, which, if any, would be the main reason(s) you want to be a <autopopulate #3 answer>?]

Select all that apply.

- ☐ Benefits (e.g., retirement contributions, health insurance)

- ☐ Caring and trusting teammates
- ☐ Doubt about ability to succeed at a new job
- ☐ Fear of change
- ☐ Having control over my work
- ☐ Job stability
- ☐ Job satisfaction
- ☐ Lack of energy to find a new job, due to burnout and stress
- ☐ Manageable workload
- ☐ Mental health support services and policies in place
- ☐ My student loans are too large to leave or change jobs
- ☐ Organization prioritizes diversity, equity, and inclusion
- ☐ Pride in the organization and its mission
- ☐ Professional growth opportunities
- ☐ Salary/pay
- ☐ Satisfaction with supervisor/management
- ☐ Sense of purpose
- ☐ Supportive environment to take care of family/personal responsibilities
- ☐ Supportive work environment
- ☐ Uncertainty about ability to find a different job
- ☐ None of the above
- ☐ Other, (please specify) _____

[INTRO TEXT] Now, we would like to know more about your attendance [at work/in your <autopopulate #3 answer> program].

41. *During the past three months, about how many days did you miss work [your <autopopulate #3 answer> program] because you had an illness, injury, or disability, or for mental health? Do not include family leave.

_____ days [valid range 0-92 days] Only allow 2-digit entry. If entry greater than 92, display, "Please enter the number of days from 0-92."

42. *Please respond to each statement below by selecting one response per row.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I tend to bounce back quickly after hard times.					
I have a hard time making it through stressful events.					

It does not take me long to recover from a stressful event.					
It is hard for me to snap back when something bad happens.					
I usually come through difficult times with little trouble.					
I tend to take a long time to get over setbacks in my life.					

[If HCW]

43. *Taking everything into consideration, how do you feel about your job as a whole? Please rate your satisfaction level below:

- ☐ Extremely satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Extremely dissatisfied

Section D. Additional Items

44. *In general, how would you rate your **overall health** now:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

45. *In general, how would you rate your **overall mental health** now:

- ☐ Excellent
- ☐ Very good

- ☐ Good
☐ Fair
☐ Poor

46. *In the past year, have you participated in any of the following?

Select all that apply.

	Participated in this activity through [work/<autopopulate #3 answer> program]	Participated in this activity outside of [work/<autopopulate #3 answer> program]
A class or formal program focused on reducing burnout or improving resiliency (including the activities that you may have previously indicated participating in)		
Regular exercise (e.g., running, yoga, or workout classes)		
Meditation		
Peer support groups or networks		
Other activity aimed at reducing burnout or improving resiliency		

47. *If yes to "other activity" provided by [work/<autopopulate #3 answer> program]. Please specify the other activity/activities aimed at reducing burnout or improving resiliency that you participated in at your [workplace or that your employer provided//<autopopulate #3 answer> program].

48. *If yes to "other activity" outside of [work/<autopopulate #3 answer> program]. Please specify the other activity/activities aimed at reducing burnout or improving resiliency that you participated in outside of your [workplace/<autopopulate #3 answer> program].

Section E. Additional Participant Characteristics

[If Residents, physicians, nurses, PAs <clinical providers>]

49. *Please select the specialty that aligns with your current position:

- ☐ Primary Care
 o Family Medicine
 o Internal Medicine
 o Pediatrics
☐ Non-primary care medical specialties
 o Anesthesiology

- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Neurology
- ☐ Obstetrics-Gynecology
- ☐ Occupational Medicine
- ☐ Pathology
- ☐ Physical Medicine and Rehabilitation
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Radiation Oncology
- ☐ Radiology
- ☐ Medical subspecialties
 - ☐ Allergy-Immunology
 - ☐ Cardiology
 - ☐ Critical Care Medicine
 - ☐ Endocrinology
 - ☐ Gastroenterology
 - ☐ Hematology-Oncology
 - ☐ Infectious Disease
 - ☐ Nephrology
 - ☐ Pediatric subspecialties
 - ☐ Rheumatology
- ☐ Surgical specialties
 - ☐ General Surgery
 - ☐ Neurological Surgery
 - ☐ Ophthalmology
 - ☐ Orthopedic Surgery
 - ☐ Otolaryngology
 - ☐ Plastic Surgery
 - ☐ Urology
- ☐ Surgical subspecialties
 - ☐ Colorectal Surgery
 - ☐ Thoracic Surgery
 - ☐ Vascular Surgery
 - ☐ Other surgical subspecialty

[If HWC]

50. *Do you consider yourself a primary care provider?

Examples of primary care providers include individuals that deliver a range of prevention, wellness, and treatment for common illnesses. Primary care providers include doctors, nurses, nurse practitioners, and physician assistants. They often maintain long-term relationships with patients and advise and treat patients on a range of health-related issues.

☐ Yes

- ☐ No
- ☐ Don't Know

[If HCW]

51. *How long have you been in your current profession?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-25 years
- ☐ 26-35 years
- ☐ 36-45 years
- ☐ 46-55 years
- ☐ More than 55 years

[If HCW]

52. *How long have you been with your current organization?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-25 years
- ☐ 26-35 years
- ☐ 36-45 years
- ☐ 46-55 years
- ☐ More than 55 years

[If Student]

53. *How long have you been in your <autopopulate #3 answer> program?

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 years
- ☐ More than 5 years

[If HCW]

54. **Do you serve a rural population* (including only part-time)?

By rural population, we mean a county with fewer than 50,000 people.

- ☐ Yes
- ☐ No
- ☐ Don't Know

**[If HCW]*

55. **Do you serve a medically underserved community* (including only part-time)?

**Examples of medically underserved communities include individuals who face economic, cultural, or language barriers to healthcare. For example, people who are experiencing homelessness, people who are low-income, people who are eligible for Medicaid, Native Americans, migrant farm workers.*

- ☐ Yes
- ☐ No
- ☐ Don't Know

[If HCW AND yes to medically underserved communities]

56. *Which of the following populations do you serve (including only part-time)?

Select all that apply.

- ☐ Children or adolescents
- ☐ Chronically ill individuals
- ☐ College students
- ☐ Health Insurance Marketplace eligible Individuals
- ☐ Individuals experiencing homelessness
- ☐ Individuals with HIV/AIDS
- ☐ Individuals with mental illness or substance use disorders
- ☐ Lesbian/Gay/Bisexual/Transgender individuals
- ☐ Low-income persons/families
- ☐ Migrant workers
- ☐ Military and/or military families
- ☐ Older adults
- ☐ People with disabilities
- ☐ Pregnant women and infants
- ☐ Refugee adults
- ☐ Tribal populations
- ☐ Undocumented immigrants
- ☐ Unemployed individuals
- ☐ Uninsured/underinsured persons/families
- ☐ Veterans
- ☐ Victims of interpersonal violence abuse or trauma
- ☐ None of the above

[If HCW]

57. *What is the highest degree you have completed?

- ☐ Less than high school
- ☐ High school
- ☐ Some college credit but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree

- ☐ Master's degree
- ☐ Doctoral degree or professional degree above a Master's degree (e.g., MD, DO, DPT, DNP)

[If HCW and they completed BA or higher in question above OR If student and they are currently in a BA-level program or above.]

58. Did one or both of your parents complete a four-year college degree?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Section F. COVID Questions

[INTRO TEXT] Thinking about the impact of the COVID-19 pandemic, please read the statement below and rate how much you do or do not agree with it.

59. *In my role at work, I am well prepared to respond to another infectious disease outbreak like COVID-19. *[Students will be asked: I am well prepared to respond to another infectious disease outbreak like COVID-19 as a <autopopulate #3 answer>.]*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

☐ END
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Section G. Additional Screener Questions

Comparison Group

60. **Do you currently work for any of the following organizations?

Select all that apply.

[List all funded organizations and sites]

- ☐ Don't Know

[Those who indicated that they work at any of the funded organizations will not be eligible to participate]

Section H. Closing Screen and Mental Health Resources

Thank you for your participation in this survey. Your responses will be combined with others and this information will be used to determine how best to support healthcare workers in the future.

In case they are helpful to you or someone you know; we have provided some resources to support mental health and wellness below.

[Mental Health and Wellness Resources. This will open in a new tab.]

1. 988 Suicide & Crisis Lifeline. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.
<https://988lifeline.org/988>

2. SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service for individuals and families facing mental health and/or substance use challenges.

This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.

SAMHSA's National Helpline:
<https://www.samhsa.gov/find-help/national-helpline>
1-800-662-HELP (4357)
TTY 1-800-487-4889

3. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources.

National Suicide Prevention Lifeline:
<https://suicidepreventionlifeline.org/>
1-800-273-TALK (8255)
Lifeline Crisis Chat: <http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

4. The Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for persons seeking treatment facilities for substance use/addiction and/or mental health problems.

Treatment Services Locator Website: <https://findtreatment.samhsa.gov/>

5. How Right Now is a research-based initiative that provides mental health resources for coping with feelings of sadness, worry, fear, anger and stress. The campaign shares strategies to promote and practice resiliency and strengthen emotional well-being.

How Right Now - <https://www.cdc.gov/howrightnow/>